CITY OF LAKE FOREST POLICE SERVICES

VACATION HOME CHECK

SCAN & EMAIL TO: MCAVAZOS@OCSD.ORG OR FAX TO: (949) 461-3549

RESIDENTS NAME:		
ADDRESS OF HOME TO E	BE CHECKED:	
Street Address City Zip Code		
TELEPHONE #:	MAP CO-O	ORDINATES:
DIRECTIONS / CROSS ST	REETS:	
EMAIL ADDRESS:		
BEGINNING DATE:	TIME	:
ENDING DATE:	TIME:	
QUESTIONS TO ASK : (CI	RCLE YES OR NO)	
1. Any Gardeners / Cleaning	People? Yes / No Day(s)	of the week
2. Any pets in the yard? Yes	/ No What kind?	How many?
3. Vehicle left on/around pro	operty? Yes / No	
Type:	License #:	

4. Neighbor / Friend to check property? Yes	s / No
Name: Whe	n:
5. Do they have a key to your home? Yes / I	No
6. Does anyone else have a key? Yes / No	Name:
7. Mail / Newspaper Stopped? Yes / No	
ADDITIONAL INFORMATION / COMM	ENTS:
EMERGENCY CONTACT:	
Name:	Phone #:
Address:	Have a key? Yes / No
REQUESTED BY:	DATE:
RECEIVED IN POLICE SERVICES BY: _	DATE: